

FIRE MARSHAL TRAINING COUNCIL APPLICATION FOR APPEAL OF DENIAL OF CONTINUING EDUCATION CREDIT

Please PRINT or TYPE all information - Complete BOTH sides

LAST NAME: _____	FIRST NAME: _____
ADDRESS: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Town State Zip </div>	
TITLE: _____	
BUSINESS PHONE: _____	HOME PHONE: _____
COURSE/PROGRAM TITLE: _____ CREDITS/HOURS ATTENDED: _____ DATE STARTED: _____ DATE ENDED: _____ PROGRAM SPONSOR: _____ LOCATION: _____ REMARKS: _____ _____ _____ _____ _____	

INSTRUCTIONS: The following information **MUST** be submitted in order to be considered for training credit approval:

- 1. Course Outline**
- 2. Instructor(s) Name, Resume or other available information to establish credentials.**
- 3. Other Documentation i.e.: Handouts, Certificate, Course Grade, etc.**

Please explain how this program will enable you to better perform the duties and responsibilities of your position.

[illegible]

I hereby attest to the above information being accurate to the best of my knowledge.

Signature of Applicant

Date _____

Upon completion, return to the Chairman, Fire Marshal Training Council, Office of Education & Data Management 3-C, P.O. Box 2794, Middletown, CT 06457-9294.